

Developmental Disabilities Council
Reading Cover Page

Date: November 18, 2004

Meeting: Health and Education

Reading Number: 04-H-09

Issue: Performance Target HE1 and HE2

Included in Reading:

- Performance Target HE2 History
- HE2 Performance Target Activities

Background/Summary:

Performance Target HE1 and HE2 have been on the agenda frequently in the last year. Both the scope of the performance targets and the original intention of these targets has been discussed. Discussion with a goal of taking action on these performance targets is planned for our November meeting.

Action:

Review for discussion.

If there are any questions, please contact Eva Rooks at 1-800-634-4473, or email evan@cted.wa.gov

Performance Target HE2 Historical Review

- I. Performance Target HE2 was constructed around the expected findings of the Medical Care Task Force Report on Health Issues for Individuals with Developmental Disabilities. The report, published in January 2002, was not finalized at the time of the initial performance target development. Because of this, the adopted performance target did not detail the four barriers:

The performance target submitted in the five-year plan was as follows:

“The Council will better understand four key barriers to people with developmental disabilities accessing adequate health care and insurance by the end of Year 3.”

- II. After this performance target was adopted, Asha Sing presented the results of the Medical Care Task Force Report with the health and education work group.

The report identified the four barriers:

- a. Access
- b. Records and information
- c. Provider’s issues and fiscal constraints
- d. Issues unique to individuals with developmental disabilities

The work group agreed to adopt the four barriers identified in the document as the barriers they would adopt in reference to Performance Target HE2.

A presentation by Asha Sing did help the work group (council) better understand these four key barriers, and the performance target would have been met had there not been a change in the requirements made for performance targets by the feds. When the feds switched from an activity based performance target reporting system to an outcome based performance target reporting system the performance target was rejected and was sent back to DDC staff to revise.

III. Staff, to comply with the new federal requirements, changed the performance target. In the August 2003 amendment to the state plan, the performance target was revised to meet these new federal guidelines regarding performance target wording. The performance target was revised to read:

“The Council will reduce four key barriers to people with developmental disabilities accessing adequate health care and insurance, by the end of Year 5”.

IV. The workgroup chair and council staff reviewed Asha Sing’s report. This revealed that some of the identified barriers are already being addressed by council projects.

Barriers to Health Care for People with Developmental Disabilities Identified by the Task Force

| A. Access | |
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| Identified Issue | Activities |
| There is a lack of health care providers knowledgeable about health care issues for adults with developmental disabilities | HE4 training and curriculum addresses this identified issue. |
| Individuals with developmental disabilities and their families lack sufficient knowledge to get into the DDD system | Council is currently applying for implementation funding on a project that is designed to help families access services. (CONNECTing for Family Support) |
| Individuals with developmental disabilities may access care in non-traditional ways, eg. Calling 911 | Unaware of any work being done on this at this time. |

| B. Records and Information | |
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| Identified Issue | Activities |
| Some individuals do not have family members or caregivers to assist in gathering information. Due to a lack of a historian, the details of medical history are not available and valuable history is lost. | HE4 training and curriculum has a component which addresses this issue, in helping care providers and family members better address |

C. Provider's Issues and Fiscal Constraints

| Identified Issue | Activities |
|--|--|
| Many health care providers do not accept Medicaid because of low reimbursement rates. Financial barriers are even more significant for the providers in small towns – either they have to see a high volume of individuals with developmental disabilities or limit the number of patients with developmental disabilities | Access Health of Washington has begun meeting quarterly and is addressing this issue (for broader groups). |
| Health care providers are sometimes unwilling to accept clients with developmental disabilities due to a perceived stigma and impact on their practice. | Unaware of any work being done on this at this time. This could be an area where we could use our funding for – maybe contract for someone to do research on perceived barriers for providers? |
| Health care providers lack training in dealing with individuals with developmental disabilities. | University of Washington training project has training on-line for medical care providers. |
| It takes more time to provide care to an individual with developmental disabilities and the reimbursement system does not account for the added time. | Unaware of any work being done on this at this time. This would entail putting together a package for funding that would have to be approved by the legislature (MAA?) |
| Health care providers are sometimes reluctant to authorize standard screening tests because of low reimbursement rates under Medicaid. | Unaware of any work being done on this at this time. |
| Health care providers don't have time to educate individuals or families regarding wellness and prevention. | HE4 training and curriculum is working to address this identified issue in new components that will be added to the curriculum. |

D. Issues Unique to Individuals with Developmental Disabilities

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| Some individuals with developmental disabilities do not have the ability to communicate and have difficulty understanding all of their health care issues, long term consequences, and follow through. | This has been identified as an issue in recent focus groups (UW Project) and may be one of the topic areas added to the curriculum (How do you recognize the symptoms of pain when a person is non-verbal?) |
| There is an increased number of aging individuals resulting in more chronic health issues. | The UW project has developed a curriculum regarding the effects of aging on persons with developmental disabilities. |
| The community standard for health care is probably insufficient to address the needs of individuals with developmental disabilities because of their unique medical issues. | Unaware of any work being done on this at this time. |
| There is no information on the health status or health needs for 9% of the individuals with developmental disabilities who do not have health insurance. | Unaware of any work being done on this at this time. |
| There are instances when individuals are not eligible for DDD services are not identified. | Unaware of any work being done on this at this time. |